

# RE-THINKING YOUR APPROACH TO DEMENTIA CARE



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# OBJECTIVES



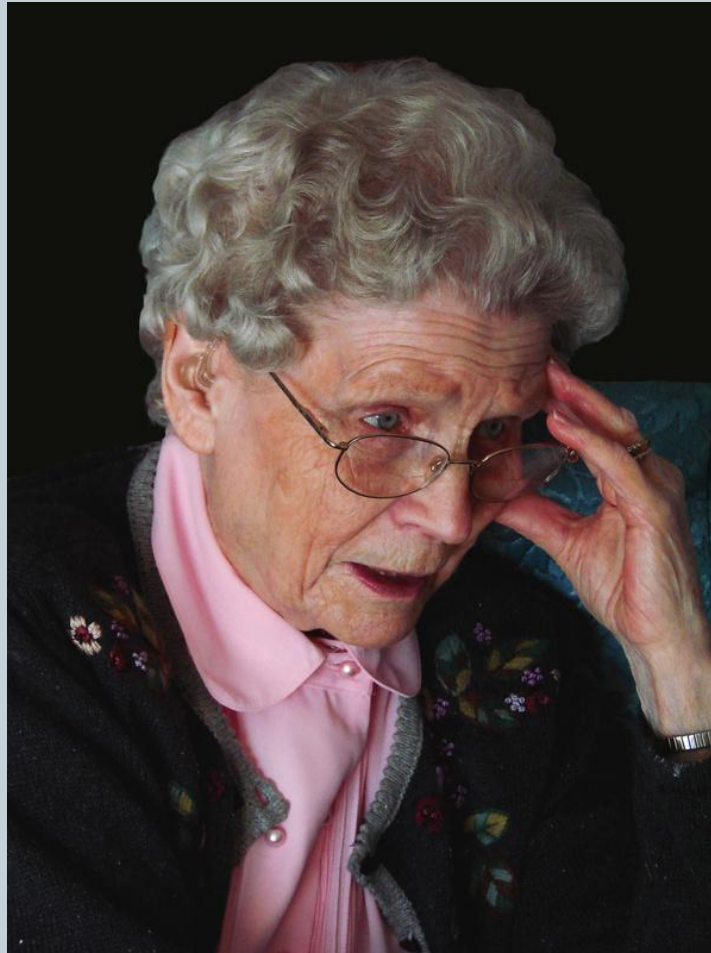
- Discuss how the reality and truth understood by a person with Alzheimer's disease and/or related dementias differs from our reality and truth
- Identify strategies to change current institutional framework

# OBJECTIVES



- Discuss how to implement proactive measures for preventing challenging situations and aggressive reactions
- Describe methods to evaluate current organizational culture toward dementia care

# CMS PARTNERSHIP TO IMPROVE DEMENTIA CARE IN NURSING HOMES



# PARTNERSHIP GOAL:



- TO OPTIMIZE THE QUALITY OF LIFE AND FUNCTION OF RESIDENTS IN AMERICA'S NURSING HOMES BY IMPROVING APPROACHES TO MEETING THE HEALTH, PSCYHOSOCIAL AND BEHAVIORAL NEEDS OF ALL RESIDENTS, ESPECIALLY THOSE WITH DEMENTIA.

# CMS IS DOING THIS BY:



- PRODUCING SURVEYOR TRAINING VIDEOS
- UPDATING APPENDIX P AND PP OF THE STATE OPERATIONS MANUAL FOR F309 & F329
- SUPPORTING INDIVIDUALIZED, PERSON-CENTERED APPROACHES TO DEMENTIA CARE.

# CMS DEMENTIA CARE PRINCIPLES



- PERSON CENTERED CARE
- QUALITY AND QUANTITY OF STAFF
- THOROUGH EVALUATION OF NEW OR WORSENING BEHAVIORS
- INDIVIDUALIZED APPROACHES TO CARE

# PRINCIPLES CONTINUED

- CRITICAL THINKING RELATED TO ANTIPSYCHOTIC DRUG USE





# PRINCIPLES CONTINUED



- **INTERVIEWS WITH PRESCRIBERS**
- **ENGAGEMENT OF RESIDENT AND/OR REPRESENTATIVE IN DECISION MAKING**

# ENTRANCE CONFERENCE REQUESTS (APPENDIX P CHANGES)



- NAMES OF RESIDENTS WHO HAVE A DIAGNOSIS OF DEMENTIA **AND** WHO ARE RECEIVING, HAVE RECEIVED, OR PRESENTLY HAVE PRN ORDERS FOR ANTIPSYCHOTIC MEDICATIONS OVER THE PAST 30 DAYS.

# ENTRANCE CONFERENCE REQUESTS CONTINUED



- DESCRIBE HOW THE FACILITY PROVIDES INDIVIDUALIZED CARE AND SERVICES FOR RESIDENTS WITH DEMENTIA
- PROVIDE POLICIES RELATED TO THE USE OF ANTIPSYCHOTIC MEDICATIONS IN RESIDENTS WITH DEMENTIA.

# APPENDIX PP CHANGES



- **F309 NEW SECTION ON INTERPRETIVE GUIDANCE RELATED TO THE REVIEW OF CARE AND SERVICES FOR A RESIDENT WITH DEMENTIA**

# APPENDIX PP CONTINUED



- **F329 NEW SEVERITY EXAMPLES AT THE END OF THE INTERPRETIVE GUIDANCE AND REVISIONS TO THE ANTIPSYCHOTIC MEDICATION SECTION.**



# **Re-thinking Your Approach to Dementia Care**

Joint Surveyor Provider Training

4/1/14

Mary Jo Gibbons, MPA, NHA, CADDCT

*Memory Care Matters, LLC*

# Alzheimer's Disease Epidemic



- Every 68 seconds someone develops AD.
- Today, 5.2 million people have AD (of which 1 million reside in nursing homes).
- Estimated to increase 40% by 2025 reaching 7.1 million people.
- Projected to triple by 2050 reaching 13.8 million people.

*Alzheimer's Association 2013 Alzheimer's Disease Facts and Figures*

# National Alzheimer's Project Act



- Jan., 2011 NAPA signed into law.
  - Create and maintain an integrated national plan to overcome AD.
  - Coordinate AD research and services across all federal agencies.
  - Accelerate the development of treatments that would prevent, halt, or reverse the course of AD.
  - Improve early diagnosis and coordination of care and treatment of AD.
  - Improve outcomes for ethnic and racial minority populations that are at higher risk for AD.
  - Coordinate with international bodies to fight AD globally.

*U.S. Department of Health and Human Service National Plan to address Alzheimer's Disease: 2013 Update*  
<http://aspe.hhs.gov/daltcp/napa/NatlPlan2013.pdf>



# NAPA



Given the great demographic shifts that will occur over the next 30 years, including the doubling of the population of older adults, the success of this effort is of great importance to people with AD and their family members, public policy makers, and health and social service providers.

*U.S. Department of Health and Human Service National Plan to address Alzheimer's Disease: 2013 Update*  
<http://aspe.hhs.gov/daltcp/napa/NatlPlan2013.pdf>

# NAPA Goals



- Enhance Care Quality and Efficiency
- Identify High-Quality Dementia Care Guidelines
- Explore the Effectiveness of New Models of Care
  - ✦ CMS Hand In Hand Training Toolkit-
    - <http://www.cms-handinhandtoolkit.info/>
  - ✦ Advancing Excellence in America's Nursing Homes – CMS Partnership to Improve Dementia Care
    - <https://www.nhqualitycampaign.org>
      - 9,625 nursing homes in the nation representing 61.5%
      - 280 nursing homes in Michigan representing 65%

# F TAGS



- F240 – Quality of Life**
- F241 – Dignity**
- F242 – Self-Determination & Participation**
- F246 – Accommodation of Needs**
- F248 – Activities**
- F252 – Environment**
- F309 – Quality of Care**
- F310 – Activities of Daily Living**
- F323 – Accidents**
- F329 – Unnecessary Drugs**

# “Homelike Environment”



- Good practices to decrease the institutional character of the environment include the elimination of:
  - Overhead paging and piped-in music throughout the building.
  - Meal service in dining room using trays.
  - Medication carts.
  - Widespread and long-term use of audible chair and bed alarms.
  - Mass purchased furniture, drapes and bedspreads that all look alike.
  - Large, centrally located nursing stations.

# Dementia “Treatment” Standards



# Culture and Philosophy



- The Power of Core Value & Beliefs
- The Power of Understanding & Sensitivity
- The Power of Person-Centered Care
- The Power of Terminology
- The Power of Caregiver Communications
- The Power of Family Involvement

## Medical Model

Unintentionally designed to foster dependence by keeping residents well cared for, safe and powerless.

Attitudes on aging based upon disease and diagnosis. Consequently focused on illness.

Abide by rigid schedules and rules.

Institutional, overhead intercom, alarms, carts, etc.

## Social Model

Anchored in values and beliefs that returns control to elders and those who work most closely with them.

Regenerative. Focused on wellness.

Life affirming, satisfying, humane, and meaningful.

Provides choices and promotes a living environment.

Homelike and comfortable.

# Attitudes and Words

Current Use...	Change To...
Alzheimer's patient	Person with Alzheimer's disease
Demented	Cognitive impairment
Diabetic	Person with Diabetes
CVA	Person who has had a stroke
Admit or Discharge	Move-in or Move-out
100 bed Facility	100 Person Care Center
Wanderer	Person who likes to walk
Feeder	Person who needs assistance eating
Resident	My friend, Your neighbor, their name
CNA	Your friend, Your assistant,
Ambulate	Walk
"I need to toilet him"	"I am assisting him to the bathroom"
No, Can't, Don't, Won't	Yes, Can, Do, Will,



# The Word “Behavior”



Implies a negative, intentional act that needs to be managed or controlled.

Behavior = communicating an unmet need.

Instead, let's view it as a person's “Action” or “Reaction” to a situation.

Instead of viewing us as managing, let's view it as our “Response”



Is it really an  
**INAPPROPRIATE BEHAVIOR?**  
Or  
An **APPROPRIATE REACTION**  
to the circumstances?

# Traditional Description



We have a 75year old male, mid stage Alzheimer's patient being admitted today from an AL facility. He has problem behaviors is combative toward staff and other residents. He is demented and unable to make his needs known as his language is gibberish. He ambulates and is a wanderer and elopement risk. He goes into other residents' rooms rummaging through their belongings. He is incontinent and will urinate in inappropriate places.

# Person-Centered Description



Let me tell you about a man who is moving in today that you are about to have the privilege of meeting. He has cognitive impairment and his communication is limited. His favorites are family, sports, music and food. He was a veteran, coach and business owner. He likes to be industrious and productive. He likes to walk, as this is his long time familiar form of daily exercise . He loves to be outdoors whenever possible. He is self-conscious with personal care, and startles easily possibly due to hearing loss. He is continent when shown a toilet. He responds best to male assistants. He is easily redirected with his favorite sweets, use of touch and gestures. He has a great sense of humor.

# Attitudes and Words



PREVENT (WHAT?)	PROMOTE (WHY?)
Falls & Injury	Strength & Mobility
Weight Loss & Dehydration	Healthy Nutrition & Hydration
Problem , Difficult or Challenging Behaviors (Behavior Management)	Emotional Well-Being
Antipsychotic Medication Use	Creative Interventions
Wounds	Skin Integrity
Pain	Comfort
Incontinence	Continence
Depression	Meaningful & Purposeful Involvement
Decline in ADL's	Highest practical level of function

# As the disease progresses, functional age regresses



**EARLY-  
MILD  
(8 yr. old)**

**MIDDLE-  
MODERATE  
(5-3 yr. old)**

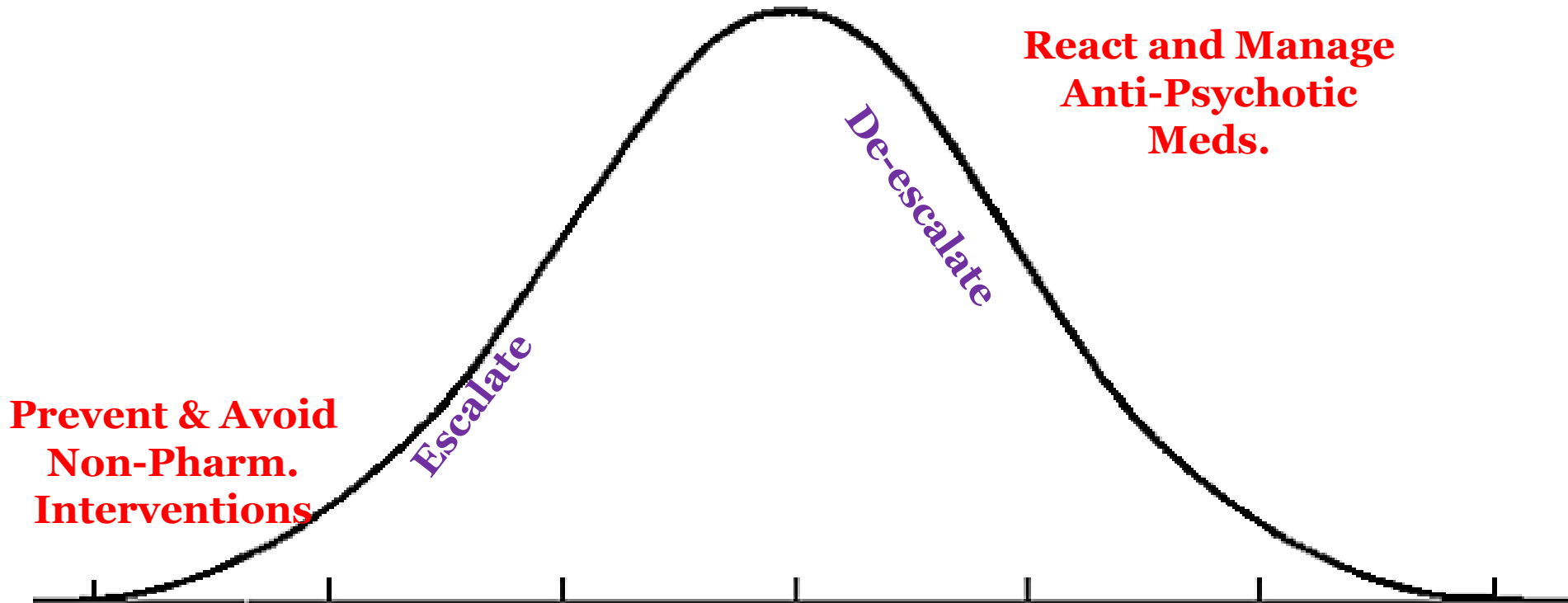
**LATE/END-  
SEVERE  
(3 yr. old to  
infant)**

# Catastrophic Reaction



An extreme emotional response  
that is out of proportion  
to the actual event.

# Catastrophic Reaction



Trigger/Cause: Noise-Over-Stimulation, Environment, Confusion, Basic Needs Unmet, Pain, Unfamiliar Caregivers/Surroundings, Communication Barriers, Sensory Deficits, Caregiver Approach, Feeling Rushed, Anxiety-Searching,



# Interdisciplinary Team to Conduct Root-Cause Analysis (RCA)



Want to go home

Fear of water

Reminded of someone in their past

Waiting in Dining Rm. too long

Unfamiliar caregiver

Searching for the children



Altered sleep & awake cycle

Rushed to get to meal time

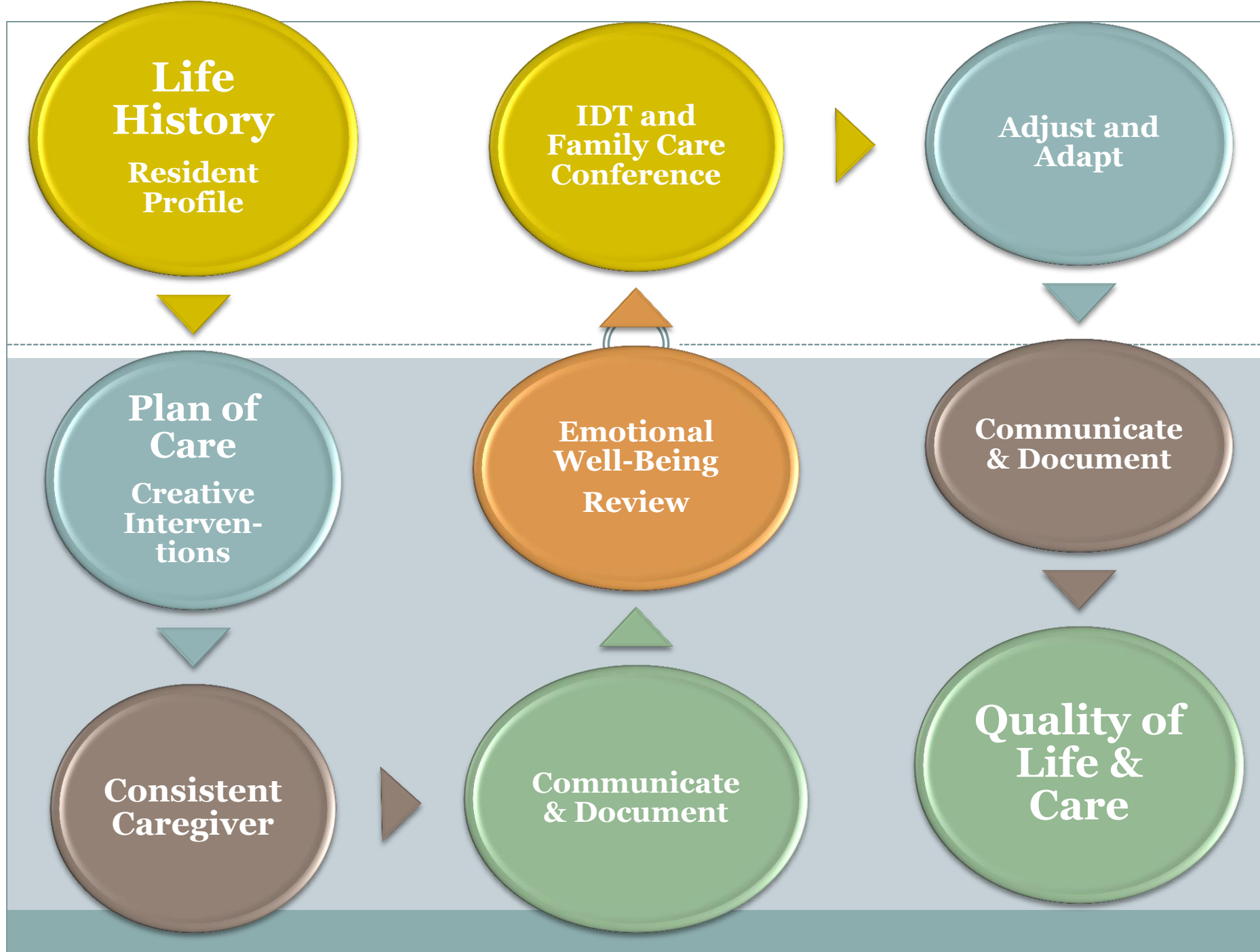
Need to find a bathroom

Too much conversation and noise

Bored and looking for wife



WHAT  
REALLY  
MATTERS?





**Always think about how what  
you do has a positive or  
negative effect creating a  
favorable or unfavorable  
experience for persons.**

# LEARNING TO ADAPT for PROMOTING...



## ...Positive Experiences

- Events.....What to do

What are we doing?

- Relationships.....How to relate to others

Who are we with?

- Environment .....Where to spend time

Where are we?

# Benefits of Good Communication



- Validates feelings
- Creates reassurance & enhances cooperation
- Enhances self-esteem, reducing depersonalization
- Reduces isolation, depression, loneliness
- Defuses power struggles, prevents catastrophic behaviors / abusive incidents Promotes bonding between Resident and caregiver
- Prevents infantilizing
- Saves the caregiver time

# Proper Verbal Communication



- Use proper name as preferred
- Use exact, brief, positive phrases  
(repeat only as necessary)
- Speak slowly (but not exaggerated)
- Use a warm, genuine, *adult tone* of voice
- Use adult words familiar to the person (not slang or acronyms)

# Vision Changes



- Pupils becoming smaller
- Lens thickens, less flexible and more opaque
- Lens turns yellowish amber color

These changes reduce the amount of light that enters the eye by two-thirds. *(An 85 year old requires 5x more lighting than an 18 year old)*

Increase sensitivity to glare

Decrease sensitivity to contrast





**Lighting** can and will make a greater difference in the success of a healthcare setting than any other single feature except the healthcare itself.





# Other tips to minimize perceptual problems



- Minimize busy patterns on walls and flooring
- Use of non-shiny, light colored flooring will reflect light upwards and enhance overall ambient light levels.
- Remove or replace mirrors and shiny surfaces.
- Contrast and highlight important objects and visual cues.
- Camouflage objects to de-emphasize .
- Minimize visual obstacles/barriers such as changes in floor surfaces or patterns, to assist independent walking.



# Noise is one of the most invasive aspects of any healthcare environment.

“Calling noise a nuisance is like calling smog an inconvenience. Noise must be considered a hazard to health of people everywhere.”

*W. H. Steward, M.D.  
Former U.S. Surgeon General*

# Sound Level Meter



# IDEAS FOR QUIET ENVIRONMENT



- No overhead intercom paging
- Turn alerts and sensors on non-audible
- Soften phone ringer
- Monitor use of overhead music (especially in dining rooms)
- Use wireless headphones for loud television volumes
- Assess squeaky carts, rattling fans, banging doors,
- Staff awareness and disallow excessively loud conversations (Yacker Tracker)
- Loud and disruptive residents properly assessed for cause and utilize sensory/sun rooms for soothing intervention
- Close off loud work areas (kitchen pantries, offices, etc.)

# IDEAS FOR SUCCESSFUL SOCIAL AND LEISURE PARTICIPATION



- Quiet Environment by Reducing Distractions
- Glasses and Hearing Aides
- Hearing Amplifiers
- Microphone for Large Group
- Visual Cue Cards
- Magnifiers – Large Print
- Proper Seating Arrangement
- Other Recreational Devices and Technology



# Adapting Equipment



# Must Have's



- Advancing Excellence in America's Nursing Homes – CMS Partnership to Improve Dementia Care - <https://www.nhqualitycampaign.org>
- CMS Hand in Hand Training Tool Kit - <http://www.cms-handinhandtoolkit.info/>
- U.S. Dept. HHS National Inst. on Aging - <http://www.nia.nih.gov/>
- Alzheimer's Association - <http://www.alz.org/>
- Pioneer Network  
<http://www.pioneernetwork.net/Providers/StarterToolkit/>
- Virtual Dementia Tour- <http://www.secondwind.org/virtual-dementia-tour/>
- NCCDP – [www.nccdp.org](http://www.nccdp.org)
- Creating Moments of Joy – Jolene Brackey

# Things to Think About



- Compassion
- Creativity
- Competency
- Consistency
- Continuity
- Communication
- Culture

How have you defined your Program? Culture?  
What systems are in place for assurance of carrying out philosophy?  
Who are you selecting to be a part of your team?  
What training are you providing?  
How are you scheduling caregiver assignments?

# Things to Think About



- Evaluate your Program – what are your beliefs and values that drive your philosophy of care?
- Evaluate your Environment – what do you see and hear?
- Evaluate your Activity Programming – what experiences are being had?
- Evaluate your team – how do they make people feel? Selection? Training? Monitoring? Performance?